

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 2-6-78

REG

1980417

1. NAME HOKE JOHN G.  
Last First MI
2. BUSINESS PHONE (281) 359-2905  
Area Code and Phone Number
3. BUSINESS ADDRESS 1342 TRAILWOOD VILLAGE DR. KINGWOOD TX 77339  
Street and No. City State Zip
4. EMPLOYER WYETH AYERST LABORATORIES
5. EMPLOYER'S ADDRESS PO Box 8299 PHILADELPHIA PA 19101  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name WYETH AYERST LABORATORIES  
Address PO Box 8299 PHILADELPHIA PA 19101  
Business or purpose PHARMACEUTICAL  
Does this person pay you? Y  
If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

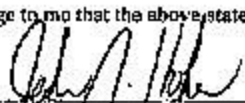
Lobbyist's Registration Number

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of \_\_\_\_\_

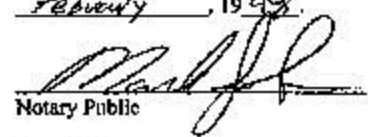
Parish of \_\_\_\_\_

Before me, the undersigned authority, personally came and appeared \_\_\_\_\_, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 2 day of

February, 1999.

  
Notary Public

Rev. 8/97

